

**APPLICATION FOR MINOR HOME RESIDENTIAL USE PERMIT  
CITY OF FAIRFAX  
ZONING OFFICE**

In order to qualify for a minor home residential use permit, the operational standards contained in the Code of the City of Fairfax, Section 110-4 (1-3) must be met. **Check with your homeowner association to ensure that your minor home occupation activities meet your homeowner covenants and guidelines.**

I hereby affirm that I have received a copy of the definition of a "Minor Home Residential Use Permit" contained in City Code Section 110-4. I agree to abide by the limitations, conditions, and the operational standards for a minor home residential use permit as contained therein.

Signature

Name (print)

Date

**PRINT IN INK**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ of \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

Area \_\_\_\_\_ of \_\_\_\_\_ Home \_\_\_\_\_ to \_\_\_\_\_ be \_\_\_\_\_ Used \_\_\_\_\_ for \_\_\_\_\_ Business: \_\_\_\_\_

Nature \_\_\_\_\_ of \_\_\_\_\_ Business: \_\_\_\_\_

Owner of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Residential Use Permit may be revoked by the Zoning Administrator upon his/her finding (1) any misrepresentation has been made on the application for a Residential Use Permit or (2) any violation of the Zoning Ordinance of the City of Fairfax has taken place on the property for which the Residential Use Permit has been issued.

**OFFICE USE ONLY**

Zone: \_\_\_\_\_

RUP NO: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Issued: \_\_\_\_\_

Received By: \_\_\_\_\_

FEE: \$25.00

APPROVED BY: \_\_\_\_\_

ZONING ADMINISTRATOR

Completed application and fee may be mailed to: City of Fairfax Zoning Office  
10455 Armstrong Street, Room 101  
Fairfax, VA 22030

1/01